



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**INTERPRETER REGISTRY INFORMATION FORM**

3216 Emerald Lane, Suite B  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used to register in the Missouri Interpreters Certification System (MICS).

**INSTRUCTIONS:** Return the completed and notarized form to MCDHH, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.

**I. APPLICANT INFORMATION**

|  |               |                                      |
|--|---------------|--------------------------------------|
| NAME (PRINT IN FULL, INCLUDING MIDDLE INITIAL)                 |               | TELEPHONE NUMBER (BEST TO REACH YOU) |
| PREVIOUS NAME(S) (IF ANY)                                      | DATE OF BIRTH | ALTERNATE TELEPHONE NUMBER           |
| EMAIL ADDRESS  |               | SOCIAL SECURITY NUMBER               |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)        |               |                                      |
| YEAR DIPLOMA OR GENERAL EQUIVALENCY DIPLOMA (GED) WAS RECEIVED |               |                                      |

**III. AFFIDAVIT OF APPLICANT**

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
I have personally completed the foregoing application truthfully, completely and without omission;  
The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;  
I will not intentionally divulge confidential information relating to the certification process, including content, topic, vocabulary, skills and or any other testing material;  
I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and  
I make this affidavit knowingly, and any false statement or material omission herein subjects me to criminal penalties under section 575.050 RSMo

|   |   |                               |
|---|---|-------------------------------|
| <b>MUST BE SIGNED IN<br/>PRESENCE OF NOTARY</b> | SIGNATURE OF APPLICANT                            | DATE                          |
| Notary Public<br>Embossed Seal Or Stamp         | STATE   | COUNTY (Or City Of St. Louis) |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS<br>DAY OF 20 |                               |
|   | NOTARY PUBLIC SIGNATURE                           | My Commission Expires         |
|   | NOTARY PUBLIC NAME (Typed Or Printed)             |                               |

**FOR OFFICE USE ONLY**

|               |             |                          |                        |
|---------------|-------------|--------------------------|------------------------|
| Date Received | Received By | Date Entered In Database | Entered In Database By |
|---------------|-------------|--------------------------|------------------------|